Washington State Department of Labor & Industries

Preauthorization Request for Services
For State Fund Workers' Compensation Patients

Use this for when requesting workers' compensation coverage of services that a **claim manager (CM)** must preauthorize.

Do not use this form to obtain authorization for *utilization review (UR) Comagine* (e.g. inpatient surgery/MRIs).

Use the ***Authorization & Referral Fee Schedule*** tool to determine whether services require UR or CM preauthorization.

Today's Date	Patient's L&I Claim Number
Provider's Name (Provider's label okay in this box. Print or type name. Limited to 125 characters.)	Patient's Name (Print or type name — last, first, middle initial. Limited to 125 characters.)
L&I Provider ID or NPI	Your ID # for this Patient (Optional)
Provider is the: ☐ Attending Provider ☐ Consulting Provider ☐ Other (list):	Staff Contact at Provider's Office Name: Phone: Fax:

#1

Diagnosis Code #:		**Procedure Code:**	
Diagnosis Description (*limited to 125 characters)*		Procedure Description (*limited to 125 characters)*	
Currently Allowed? ☐ Yes ☐ No ☐ Unsure	Side of Body ☐ Left ☐ Right ☐ Bilateral ☐ Tooth #	Estimated Date of Procedure Estimated Date Range of Procedure From: To:	Purpose ☐ Diagnostic Test ☐ Treatment ☐ Consultation
Causal Relationship: *Was the **diagnosed condition** caused by this injury/exposure — explain. (Limited to 175 characters.)*			

#2

Diagnosis Code #:		**Procedure Code:**	
Diagnosis Description (*limited to 125 characters)*		Procedure Description (*limited to 125 characters)*	
Currently Allowed? ☐ Yes ☐ No ☐ Unsure	Side of Body ☐ Left ☐ Right ☐ Bilateral ☐ Tooth #	Estimated Date of Procedure Estimated Date Range of Procedure From: To:	Purpose ☐ Diagnostic Test ☐ Treatment ☐ Consultation
Causal Relationship: *Was the **diagnosed condition** caused by this injury/exposure — explain. (Limited to 175 characters.)*			

Important: Please attach any supporting, objective medical documentation you may have (such as chart notes or other diagnostic test results) that supports your request for workers' compensation coverage of this service.

Fax Completed Forms to: 360-902-4567 (or fax number you normally use for L&I medical correspondence).

Questions? Visit https://lni.wa.gov/patient-care/authorizations-referrals/authorization/